SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN 2525

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INSTRUCTIONS: No permits will be issued until all fees are paid yfield Co. Zoning Dept. Checks are made pavable to: Bavfield County Zoning Department

	Amount Paid: '5	Zoning District	Date:	Application No.	5-10 (1) (1) (1) (1) (1) (1) (1) (1
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Reason for Denial:
Date 3/17/11 Permit Number 11-0378 Permit Denied (Date)
Permit Issued: State Sanitary Number <u>L'Armody Male Jumpung Mis</u> Tox
** See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE, Attach a Copy of Recorded Deed)
Address to send permit 52150 W. Bulbox 1.30 (Dhummond, 101, 54832 ATTACH
Owner or Authorized Agent (Signature)
sclare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and I nowledge that I (we) am (are) responsible, for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Ba permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing the county of the providing and that it will be relied upon by Bayfield County (and the county of the
FAILURE TO OBTAIN A PERMIT $\underline{\mathrm{or}}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN $\underline{\mathrm{PENALTIES}}$
☐ Residential Accessory Building (explain) ☐ External Improvements to Principal Building (explain)
Residential Addition / Alteration (explain)
Residence sq. ft Garage sq. ft Commercial Other (explain)
☐ ※ Residence w/attached garage (# of bedrooms) ☐ Commercial Accessory Building Addition (explain)
Residence sq. ft Commercial Principal Building
☐ * Residence or Principal Structure (# of bedrooms) ☐ Mobile Home (manufactured date)
USE: Type of Septic/Sanitary System
et Value Square Footage Sanitary: New Existing
n Existing Basement Yes NoNur
ls your structure in a Shoreland Zone? Yes- No 🗍 If yes. Distance from Shoreline: greater than 75' 🗍 75' to 40' 🗍 less than 40 🗍
Telephone 2 2 2 18 4 (Home) (Work) Written Authorization Attached: Yes 1 No
54821
erry 24340 Tratortouted 10 tum Plumber
owner Lawrence Motopett Country Vication
470 Page 198 of Deeds Parcel I.D. 04-034-2-43-06-13-3 05-004-
Lot Block Subdivision CSM# Acreage
Legal Description 1/4 of 1/4 of Section 3 Township! 43 North, Range 6 West. Town of 1/4/10/10/10/10/10/10/10/10/10/10/10/10/10/
LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE BOA. OTHER
Checks are made payable to: bayneld county Loning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

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Rec'd for Issuance

Signed

Date of Approval

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Mitigation Plan Required:

Yes

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Date of Inspection

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CORRE

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Variance (B.O.A.)#

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Inspection Record:

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